

Date: Sept. 20, 2015

Time: 11:30 am - Until finished

Location: @ The Mekusukey Basketball Gym

12566 NS 3540

Seminole, Ok. 74868

3 Age Divisions:

12-14 Cost \$20.00/Team (Co-ed both teams w/1 Female on the court at all times /4 man roster)

15-17 Cost \$20.00/Team (Co-ed both teams w/1 Female on the court at all times/4 man roster)

18-up Cost \$30.00/Team (Co-ed both teams w/1 Female on the court at all times/4 man roster)

- Limit to 12 Teams in each Division
- Double Elimination
- First team to 15 pts wins or 8 minute game time (Which-ever comes first!)
- 1<sup>st</sup> & 2<sup>nd</sup> Prize Only!
- Games start promptly! 2 min. grace period; if team is not present, the absent team will receive auto-loss.
  1st Sweatshirt
  2nd T-shirt

Entry Forms are available at the Seminole Nation Complex located in Wewoka, The Cvfekne Wellness Center and on the Seminole Nation website @ <a href="www.sno-nsn.gov">www.sno-nsn.gov</a> Registration & <a href="Cash payment">Cash payment</a> must be made before or on September 16, 2015.

No late sign-ups after September 16, 2015 so brackets can be filled out.

Seminole Nation Days 2015

For more information contact the CHR Program @(405)220-5397



## 3V3 Basketball Tournament Team Registration Form

Team Na	me:					
*Ever	<mark>nt reser</mark>	ves the right to re	ject any team name	<mark>e deemed ina</mark>	ppropr	<mark>iate*</mark>
Tournamei	nt Divisio	n (Select one):	12-14 yrs	15-17yrs	18	3 +
		,				
		SPOF	RTSMANSHIP PLEDGE			
By complet	ting this f	orm, all players acce	ept responsibility for th	eir conduct at t	he 2015	Seminole
Nation Day	s 3v3 Ba	sketball Tournament	t. The event coordinat	or reserves the	right to	disqualify
and eject a	ny indivi	duals and /or teams	that behave in an unsp	oortsmanlike ma	anner.	
			TEAM ROSTER			
TEAM CAP						
			AGE:			
ADDRESS:_						
STATE:			PHONE:			
		(Must hav	e a valid contact num	ber)		
PLAYER 2						
			AGE:			
			CITY:			
		ZIP:	PHONE:			
PLAYER 3						_
			AGE:			
			CITY:			
		ZIP:	PHONE:			
PLAYER 4			۸۵۲۰	CENDED.	N 4	_
			AGE:			
_		ZIP:	CITY:			
STATE:		ZIP	PHONE:			
REGISTRATI	ON FEES					
TEAM FEE:	12-14	\$20.00 per team				
	15-17	\$20.00 per team	CASH ONLY!!			
	18 +	\$30.00 per team				

**REGISTRATION ENDS September 16, 2015 AT 5PM – NO EXCEPTIONS!!** 

All TEAM PARTICIPANTS WILL NEED TO SIGN "RELEASE AND WAIVER OF ALL CLAIMS

## **Release and Waiver of All Claims**

## Agreement regarding risk of injury and release

I hereby apply to participate in the Seminole Nation 2015 3v3 basketball Tournament (the "Tournament") Located at The Mekusukey Mission Basketball Gym 12566 NS 3540, Seminole, Ok. 74868 on September 20, 2015.

I understand that participating in the Tournament will expose me to above normal risks of injury or harm. These risks include uneven or hazardous playing surfaces, physical contact or collisions with other players, spectators or inanimate objects on or about the court. I understand that the sport of basketball is in itself hazardous and may result in injury to me or other players.

I represent that I have no health or physical problems that will interfere with my participation in the Tournament.

I agree that I am responsible for my own safety.

I hereby assume all risks associated with my attendance and participation in the Tournament. I understand that I am solely responsible for any injuries which may occur as a result of my participation in the tournament and I specifically waive my right to bring litigation against the Seminole Nation of Oklahoma sponsors and specifically release any right which I have to assert a negligence claim against the Tournament sponsors, their agents or representatives.

I hereby fully and forever release, discharge, and agree not to sue the Seminole Nation of Oklahoma and any other sponsors (hereafter called "Tournament Sponsors") their officers, directors, agents, employees, representatives, and successors for any and all claims, causes of action or liability for any injury, loss or damage sustained or incurred by me arising out or in any way associated with my attendance at or participation in the Tournament, including all claims, causes of action or liability arising out of negligence of Tournament Sponsors, their agents or representatives.

I agree to indemnify and hold harmless Tournament sponsors, their agents or representatives from any loss, damage or expense sustained or incurred by them arising from such claims, cause of action or liability, whether brought to me, anyone acting on my behalf, or by anyone else because of conduct attributed to me.

I agree that this agreement shall be construed and interpreted according to the laws of Seminole Nation of Oklahoma.

I understand and agree that this Release and Waiver shall be binding upon my heirs, assigns and any personal entity acting upon my behalf, including a parent, guardian, or next friend.

I have read the above items of the Release and Waiver, understand them, agree to abide by them, and hereby acknowledge that I have read and understand this Release and Waiver.

Date:	, 2015			
1) I am at least 18 years old				
	Print Name	Signature		
OR				
2) Participant:	is less than 1	is less than 18 years old.		
tournament sponsors, the	er behalf, and hereby agree to inde agents or representative, from any	loss, damage or expense		
sustained or incurred by th brought by my minor child.	em arising from any claim, cause c	of action or liability which may be		
I sign this release on his/her beh	alf:			
	Print Name Parent/Guardian	Signature		